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PTO/SB/21 (08-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/827,801	
	Filing Date	April 6, 2001	
	First Named Inventor	M. RAJAGOPALAN	
	Art Unit	1773	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	18	Attorney Docket Number	20002.0088

### ENCLOSURES (check all that apply)

☒ Fee Transmittal Form (duplicate)

☐ Fee Attached

☐ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☒ Response to Missing Parts/  
Incomplete Application

☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☒ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to  
Group

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s)  
(please identify below):

(1) copy of the reissue patent  
U.S. Patent No. 5,691,066 in  
compliance with 37 CFR  
1.173(a)(1); (2) Request for  
Corrected Official Filing Receipt;  
(3) copy of Filing Receipt with  
changes marked in red

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephanie D. Scruggs, Reg. No. 54,432 SWIDLER BERLIN SHEREFF FRIEDMAN, LLP
Signature	
Date	March 3, 2004

### CERTIFICATE OF MAILING

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Typed or printed name			
Signature		Date	

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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <table border="1"><tr><td>TOTAL AMOUNT OF PAYMENT</td><td>(\$)</td><td>130</td></tr></table>		TOTAL AMOUNT OF PAYMENT	(\$)	130	<b>Complete if Known</b>	
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<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																		
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Stephanie D. Scruggs	Registration No. (Attorney/Agent)	54,432	Telephone	(202) 424-7500
Signature		Date	March 3, 2004		

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